CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total page	s filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFIC	CE USE ONLY
	NICKNAME LAST Van Assac	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1.0	dar Park, TX 78630		18APR 5A
Change of Address		78030		10012
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (5)2) 964-1633	EXTENSION	Date Hand-delive	ered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt #	Amount \$
NAME	Mr. Carl	SUFFIX	Date Processed	
	Absek	361111	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SU 512 Clover Flat	oity: state: Cedar Park, T.	ZIP CODE	3
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 639-0529	EXTENSION		
9 REPORT TYPE	January 15 30th day before elec		treasure (Officeho	/ after campaign r appointment older Only) port (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day 7	ear LOSP
11 ELECTION	ELECTION DATE Month Day Year Primary 5 / 5 / 2618 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	Council member, Place 2	13 OFFICE SOUGHT (if known)		
	GO ТО I	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Carbin VAU ARSOALE 15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRÉSS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 7,860			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 16,248.63			
CONTRIBUTION BALANCE	The second secon			
OUTSTANDING LOAN TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 51,326.27 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 20, \$33.90			
18 AFFIDAVIT				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me				
My Notary ID # 11692430 Expires July 30, 2019				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
AFFIX NOTARY STAWN	P/SEALABOVE	19-1-1-11/11 Day 1	Sth	
Sworn to and subscribed before me, by the said Orbin Vin 1468 days, this the				
day of				
Felmme LEANOM. QUIDO LITY SIC				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME CONTINUE CONTINU			mmission Filers)
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$ 7,800
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$ 200,-
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4.	4. SCHEDULE E: LOANS			\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$16,248,63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$714.77
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME CORDIN VAN ARSOALE 3 Fifer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Steve Matthews Contributor address; City; State; Zip Code 1717 West 6th St. # 238 Austin, TX 78703 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:____ Amount of contribution (\$) 3/13/2018 Cari Christman Contributor address; City; State; Zip Code 408 Cheyenne Lh. Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Peanna Kuy Kendall Contributor address; City; State; Zip Code 1122 Colorado #106 Austin, TX 78701 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor ____ out-of-state PAC (ID#:____ 7 Amount of contribution (\$) Sara Croff 6 Contributor address; City; State; Zip Code 817 Bogart Cedar Park, TX 78613 9 Employer (See Instructions) 100 Full name of contributor __ out-of-state PAC (ID#:__ Date Amount of contribution (\$) Mark Ayotte Contributor address; City; State: Zip Code, TX 1401 Little Elm Trail 7800 Cedar Park, TX 78613 Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:__ Amount of contribution (\$) Housen PAC Contributor address; City; State; Zip Code 500 Houston, TX 77292 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) out-of-state PAC (ID#:____ 3/26/2018 Steve Scurlock Contributor address; 1700 Rio Grande #100 City; State; Zip Code Awtin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Corbin VAN ARSDALE 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor Mark Hutcheson 6 Contributor address; City: State; Zip Code 5804 Timber Trail Austin, 7X 78731 1 Instructions) 9 Employer (See Instructions) 7 Amount of contribution (\$) 100 Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) 3/14/2018 Sharon Krienke Contributor address; City: State; Zip Code PO Box 306 Round Lock, TX 78680 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:____ Amount of contribution (\$) Bonnie Bruce Contributor address: City: State: Zip Code 3211 Bay Hill Lane Round Rock, TX 78664 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Victoria Miller Contributor address; City; State; Zip Code 1607 Edelweiss A. Celar Park, TX 78613 500 Principal occupation / Job title (See Instructions) VP Gout Affairs ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Corbin VAN ARSDALE 4 Date out-of-state PAC (ID#:_____ 5 Full name of contributor 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Date Midwel Martin Contributor address; City; State; Zip Code 1408 Rivacliff D. Spicewad, TX 7869 Principal occupation / Job title (See Instructions) Employer (See 246) Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) 500 Employer (See Instructions) Full name of contributor ___ out-of-state PAC (ID#:__ Amount of contribution (\$) Joe Garcia Contributor address: City; State; Zip Code and Congress Ave. #1500 Awth, TX 78-200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:____ 1,600 Principal occupation / Job title (See Instructions) nuestor ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Corbin VAN ARSDALE Jess Calvert 6 Contributor address; City; State; Zip Code 10700 Sun Tree Cove Awth, TX 78730 9 Employer (See 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Champe Fitzhugh Contributor address; City; State; Zip Code 7221 Runnin; Rope Austin, TX 77731 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Ed Trais Contributor address; City; State; Zip Code 16932 Northake Hilk Ar. Junestown, TX 78745 750 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) out-of-state PAC (ID#:___ Glenn Stankle Contributor address; City; State; Zip Code 2105 Has Lane Awtin, TX 78728 Principal occupation / Job title (See Instructions) Consultant ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Melissa Pace 6 Contributor address; City; State; Zip Code 388 E. 5th St. Awth, TX 78702 8 Principal occupation / Job title (See Instructions) burness anner Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Phil Wilson Contributor address; City; State; Zip Code PO Box 50225 Austh, TX 78763 1,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) General Manager Date out-of-state PAC (ID# Amount of contribution (\$) 2/15/2017 Willis Conner City; State; Zip Code 500 Employer (See Instructions) Principal occupation / Job title (See Instructions) Projdent 1 COO Full name of contributor ____ out-of-state PAC (ID#:_ Amount of contribution (\$) James Knyht Contributor address; City; State; Zip Code 367 E. 2nd St. Austin, 7x 787 Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Corbin VAU ARSOALE 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 2/16/208 Score Alder 6 Contributor address; City; State: Zip Code 3724 Suphire Loop Rand Rad, TX 7881 13724 See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_____ Date Amount of contribution (\$) 250 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME CORDIN VAN ARSDALE			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ 200	
5 Date 3/9/2018 10 Principal occ	3/9/2018 Charles Carter 7 Contributor address; City; State; Zip Code 234 Olde Oak Dr. Georgetown, TX 78633		8 Amount of Contribution \$\frac{9}{\text{contribution}}\$ In-kind contribution description \$\frac{7}{\text{contribution}}\$ Contribution \$\frac{1}{\text{contribution}}\$ Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL) (See Instructions)	
10 Countile to the	ricial acception (FOR HIDIOIAL)	10 0 11	The state of the s	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	stor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law		15 Law firm	irm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor		Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employ		Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	LE AS NEEDED	
	ALIADITADDITIONAL COPIES OF 1			

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Pavee name 3/2/2018 6 Amount (\$) 7 Payee address; Cedar Park, TX 78613 509. 49 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** advertising expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Super Cheap Signs

Payee address; City; State; Zip Code 9200 Waterford Centre Bld #100 Austin, TX 78758 3,712.37 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** advertising expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Signs, Stakes Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Jerranos Payee address; City; State; Zip Code Amount (\$) Cedar Park, TX 78613 597 95 1900 E. Whitestone Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE food/beverage expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; 6 Amount (\$) 7 Pavee address: State: 590.98 Menlo Park, CA 94025 1601 Willow Kon (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense advertising **EXPENDITURE** social media ads Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Cedar Park, TX 78613 Discovery Blud. #401 678,52 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** advertising expense Check if Austin, TX, officeholder living expense **EXPENDITURE** bumper/lapel stickers Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code Amount (\$) Payee address; Howton, TX 77017 Windler Pr. Ste 6 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE advertising expense Check if Austin, TX, officeholder living expense EXPENDITURE angers Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Travel Out Of District Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Pavee name 3/4 Charles 6 Amount (\$) 7 Payee address; State; Zip Code 1,080.00 234 Olde Oak slorgetown, TX (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF adurtising expense **EXPENDITURE** Install ment Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City: State: Zip Code Amount (\$) Mendo Park, CA 94025 Willow Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE advertising expense Check if Austin, TX, officeholder living expense **EXPENDITURE** media ads Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code Amount (\$) Cedar Park, TX 78613 F. Whitestone 1,000.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 50005 crship Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name Community 7 Payee address; 6 Amount (\$) 3600 E. Palm Valley Blod. Box "3 Round Rock, TX 7865 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF advertising exprise Check if Austin, TX, officeholder living expense **EXPENDITURE** ad Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Community Impact New gaper Payee address; City; State; Zip Code 3600 E. Palm Valley Blud. BEX#3 Round Rock, TX 78665 X25. Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** advertising exprese Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name ayee address; City; State; Zip Code Amount (\$) 3600 E. Polm Valley Blud. Box #3 Round Rock, TX 7866 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense advirtising expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (entry a externory not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/V	Vages/Contract Labor Other (enter a category not listed above)		
	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1	: 2 FILER NAME CONDIN VAN ARSO	3 Filer ID (Ethics Commission Filers)		
4 Date 1/17/208	5 Payee name City of Cedar P.	Park		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
50.—	450 Cypress Creek Rd.	Cedar Park, TX 78613		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	A	Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF		Check if Austin, TX, officeholder living expense		
EXPENDITURE	tes			
		filing fee		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name	W II OI		
2/9/2018	Pivot Communications Gr	oup, LLC		
Amount (\$)	Payee address; City; State; Zip Code	*		
1,243.79	1320 Arrow Point Dr. \$501,7	TW#39 Codar Park, TX 78641		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF	ad and a correct	Check if Austin, TX, officeholder living expense		
EXPENDITURE	advertising expense	r de s		
	/	T-511-45		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
NOREL 2019 N	expenditure to benefit C/OH			
Date	Payee name	W IN		
3/13/2018	Pivot Communications Grow	P, LLC		
Amount (\$)	Payee address; City; State; Zip Code			
650.31	1320 Arrow Point Dr. #501, To	w#39 Cadar Park, TX 78641		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T.		
OF	almostice array	Check if Austin, TX, officeholder living expense		
EXPENDITURE	advertising expense	- Productions		
	~ 1	Sanitary wipes		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL CODIES OF THE	COLEDIN E AC NEEDED		
	ATTACH ADDITIONAL COPIES OF THIS S	CUEDOLE 49 NEEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) 7 Payee address: Dr. #501, Tw #39 Cedar Park (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** media ads Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF

Candidate / Officeholder name

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I	2 FILER NAME COLDIN VAN ARSDALE 3 Filer ID (Ethics Commission Filers)		
4 Date 2/18/2018	5 Payee name RS3 Gtering		
6 Amount (\$) 309.63	7 Payee address; City; State; Zip Code 2100 Ave of the Stars Cedar Park (TX 78613		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.) Cirque du Sekil - Community		
2/a/298	Payee name RS3 Catering		
Amount (\$) 405,14	Payee address; City; State; Zip Code 2100 Ave of the Stars Co	edor Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.) hody give - community	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	t)	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	